

COMMONWEALTH OF KENTUCKY DEPARTMENT OF REVENUE

CPA EXAMINATION LEAVE REQUEST

I, _____, hereby request to be absent from my work assignment to prepare and sit for the sections of CPA examination as indicated below. The dates of the examination are from _____ to _____.

Please charge the number of hours to leave time as shown below.

CBT SECTION	Exam Leave Per Section
<input type="checkbox"/> Auditing and Attestation (AUD)	4.50 hrs.
<input type="checkbox"/> Financial Accounting and Reporting (FAR)	4.00 hrs.
<input type="checkbox"/> Regulation (REG)	3.00 hrs.
<input type="checkbox"/> Business Environment and Concepts (BEC)	2.50 hrs.

Examination Leave _____ hrs. (Total hours for boxes checked above)

Pre-test arrival _____ 0.50 hrs.

Annual Leave _____ hrs.

Compensatory Leave _____ hrs.

Total Leave Requested _____ hrs.

If for any reason these plans are modified, I will notify the appropriate officials.

Signature of Employee

Date

Recommended By:

Audit Supervisor/Field Operations
Revenue Section Supervisor/Non Field

Date

Recommended By:

District Manager/Field Operations
Director/Non Field

Date

Verified By:

Training Officer/Field Operations

Date